

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00075820		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 07 / 2014</div></div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">573718.37</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24-0.042688
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 03 / 2014</div></div>	
Name of Federal Candidate ANN KIRKPATRICK			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2503543.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ONMESSAGE INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 07 / 2014</div></div>		
Mailing Address 705 MELVIN DR STE 105			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18860.00</div>		
City ANNAPOLIS		State MD	Zip Code 21401		Transaction ID : SE24-0.042881
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 07 / 2014</div></div>	
Name of Federal Candidate ANN KIRKPATRICK			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2503543.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">592578.37</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Keith A. Davis</u> <div style="text-align: center;">[Electronically Filed]</div>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 07 / 2014</div></div>		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee GS STRATEGY GROUP			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>		
Mailing Address 350 N 9TH ST SUITE 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21215.00</div>		
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042899 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>		
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	Name of Federal Candidate ANN KIRKPATRICK		
Name of Federal Candidate ANN KIRKPATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

2503543.63

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">103554.72</div>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042684 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 03 / 2014</div> </div>		
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate RONALD BARBER		
Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

1648266.35

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">124769.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

M M M / D D D / Y Y Y Y Y Y

10 / 07 / 2014

Signature

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 180404.77
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042701 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate RONALD BARBER		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1648266.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address PO BOX 16504		Amount 24102.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042890 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate RONALD BARBER		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1648266.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	204506.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee AMY LEEDECKE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 110 D STREET SE APT 515		Amount 1500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042925 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate RONALD BARBER		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1648266.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 285492.13
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042689 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate AMERISH BERA		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1290073.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	286992.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 250399.67
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042773 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate AMERISH BERA		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1290073.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SOMETHING ELSE STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 212 GOLDEN WILLOW CT		Amount 22600.00
City EASLEY	State SC	Zip Code 29642
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042883 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate AMERISH BERA		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1290073.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	272999.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee AMY LEEDECKE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 110 D STREET SE APT 515		Amount 1500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Transaction ID : SE24-0.042927 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate AMERISH BERA	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1290073.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 326547.92
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24-0.042690 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate SCOTT PETERS	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1628046.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	328047.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 1911 N FORT MYER DR STE 400		Amount 22422.50	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042754
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 1911 N FORT MYER DR STE 400		Amount 5000.00	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042755
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27422.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee IMGE		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 07 / 2014</div> </div>	
Mailing Address 603 KING ST 4TH FLR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">101700.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042774
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 06 / 2014</div> </div>	
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 52 State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee GS STRATEGY GROUP		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 06 / 2014</div> </div>	
Mailing Address 350 N 9TH ST SUITE 550		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042897
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 07 / 2014</div> </div>	
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 52 State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">116700.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee AMY LEEDECKE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014
Mailing Address 110 D STREET SE APT 515		Amount 1500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042928 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate SCOTT PETERS		Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1628046.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 694876.63
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042678 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate ANDREW ROMANOFF		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2337975.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	696376.63
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 33
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 351125.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042784 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate ANDREW ROMANOFF		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2337975.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee AMY LEEDECKE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 110 D STREET SE APT 515		Amount 1500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042926 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate ANDREW ROMANOFF		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2337975.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	352625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 101942.97
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042904 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1450620.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 74691.56
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042905 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate GWEN GRAHAM		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1450620.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	176634.53
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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10 / 07 / 2014

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 74691.56
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042906 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1450620.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 101942.96
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042907 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate GWEN GRAHAM		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1450620.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	176634.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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10 / 07 / 2014

Signature

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SRCP MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 201 N UNION ST STE 200		Amount 27869.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042874
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014	
Name of Federal Candidate GWEN GRAHAM	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 02 State: FL
Calendar Year-To-Date Per Election for Office Sought	1450620.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee SRCP MEDIA INC		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>	
Mailing Address 201 N UNION ST STE 200		Amount <div> <div></div> <div>24379.00</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042875 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/ Type		
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>1450620.87</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	52248.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MM / DD / YYYY

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee THE TARRANCE GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 201 N UNION ST STE 410		Amount 7148.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042900 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate GWEN GRAHAM	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1450620.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee THE TARRANCE GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 201 N UNION ST STE 410		Amount 7148.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042901 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1450620.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14296.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 33
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 815 SLATERS LANE			Amount 17389.73	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042757	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Name of Federal Candidate JOE GARCIA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 1529740.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 815 SLATERS LANE			Amount 213718.93	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042694	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014	
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 1550211.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	231108.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address PO BOX 16504		Amount 23780.00	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042892
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014	
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 1550211.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee THE TARRANCE GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 201 N UNION ST STE 410		Amount 18960.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042902
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014	
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 1550211.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42740.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014		
Mailing Address 815 SLATERS LANE			Amount 128781.43		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042681		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014		
Name of Federal Candidate STACI APPEL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 1178843.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014		
Mailing Address 815 SLATERS LANE			Amount 158490.92		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042683		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014		
Name of Federal Candidate STACI APPEL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 1178843.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	287272.35
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1850 M ST NW STE 235		Amount 20425.48
City WASHINGTON	State DC	Zip Code 20036-5837
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042879 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate STACI APPEL		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1178843.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee AMY LEEDECKE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 110 D STREET SE APT 515		Amount 4500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042924 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate STACI APPEL		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1178843.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24925.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 89486.74
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042685 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate BRADLEY S SCHNEIDER		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 445609.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 307000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042775 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate BRADLEY S SCHNEIDER		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 445609.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	396486.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 33
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1850 M ST NW STE 235		Amount 25622.54
City WASHINGTON	State DC	Zip Code 20036-5837
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042878 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate BRADLEY S SCHNEIDER		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 445609.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee THE TARRANCE GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 201 N UNION ST STE 410		Amount 21000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042903 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate BRADLEY S SCHNEIDER		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 445609.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46622.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

MM / DD / YYYY
10 / 07 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 21 OF 33
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 87206.79
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042691 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate MIKE J BOST		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1771636.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 261620.36
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042692 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate WILLIAM L ENYART JR		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 1771636.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	348827.15
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

MM / DD / YYYY
10 / 07 / 2014

Signature

FEC IDENTIFICATION NUMBER ▼

C C00075820

IMGE

Date of Public Distribution/Dissemination

10 / 07 / 2014

Amount

49500.00

Transaction ID : SE24-0.042776

Date of Disbursement or Obligation

Category/ Type	
Category 1	
Category 2	
Category 3	
Category 4	
Category 5	
Category 6	
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Category 99	
Category 100	

10 / 06 / 2014

☐ Support

☒ Oppose

Office Sought: ☒ House District: 12
☐ President ☐ Senate State: IL

1771636.27

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ►

IMGE

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 07 2014

Amount

16500.00

Transaction ID : SE24-0.042781

Date of Disbursement or Obligation

Category/ Type	
-------------------	--

MM / DD / YYYY

☒ Support

☐ Oppose

Office Sought: ☒ House District: 12
☐ President ☐ Senate State: IL

1771636.27

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

66000.00

A blank grid consisting of 10 columns and 5 rows of squares, intended for drawing a diagram.

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Date _____

MM / DD / YYYY

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 33
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 14513.62
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24-0.042871 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate WILLIAM L ENYART JR		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 4837.88
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24-0.042872 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate MIKE J BOST		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19351.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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10 / 07 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 283470.99 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042693 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate EMILY CAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 845495.54 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2014 </div>	
Mailing Address PO BOX 16504		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 24170.00 </div>	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042886 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate EMILY CAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 845495.54 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 307640.99 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 307640.99 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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 10 / 07 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 25 OF 33
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 815 SLATERS LANE		Amount 527600.61	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042686
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014	
Name of Federal Candidate COLLIN C PETERSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 2074335.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 815 SLATERS LANE		Amount 100577.02	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042756
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Name of Federal Candidate COLLIN C PETERSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 2074335.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	628177.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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10 / 07 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 07 / 2014</div> </div>	
Mailing Address 705 MELVIN DR STE 105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19220.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24-0.042882 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 07 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate COLLIN C PETERSON		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

2074335.91

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 07 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">461772.38</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042697 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 03 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate RICHARD M NOLAN		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

1740611.41

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">480992.38</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 33
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 138400.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042782 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1740611.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee BRABENDER COX		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1218 GRANDVIEW AVE		Amount 19294.00
City PITTSBURGH	State PA	Zip Code 15211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042884 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1740611.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	157694.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820											
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee BASSWOOD RESEARCH		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		07		2014									
Mailing Address 4550 MONTGOMERY AVE STE 906		Amount <table border="1"> <tr> <td colspan="5">15089.00</td> </tr> </table>		15089.00									
15089.00													
City BETHESDA	State MD	Zip Code 20814	Transaction ID : SE24-0.042895										
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		07		2014									
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN										
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶											

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		07		2014									
Mailing Address 815 SLATERS LANE		Amount <table border="1"> <tr> <td colspan="5">228962.84</td> </tr> </table>		228962.84									
228962.84													
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042698										
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		03		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		03		2014									
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY										
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶											

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5">244051.84</td> </tr> </table>	244051.84				
244051.84						
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 1911 N FORT MYER DR STE 400		Amount 22318.25	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042873
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014	
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee GS STRATEGY GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 350 N 9TH ST SUITE 550		Amount 15000.00	
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042898
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014	
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37318.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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Date

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10 / 07 / 2014

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 162775.01
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042677 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate SEAN ELDRIDGE		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MCLAUGHLIN AND ASSOCIATES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 566 S RT 303		Amount 15000.00
City BLAUVELT	State NY	Zip Code 10913
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042896 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate SEAN ELDRIDGE		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	177775.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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Date

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10 / 07 / 2014

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2014		
Mailing Address 815 SLATERS LANE			Amount 112040.67		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042699		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014		
Name of Federal Candidate AARON WOOLF		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 544576.98			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2014		
Mailing Address 815 SLATERS LANE			Amount 302571.82		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042696		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014		
Name of Federal Candidate JOHN FOUST		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 1216965.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	414612.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Date

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 32 OF 33
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 302571.81
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042700 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate BARBARA J COMSTOCK		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		1216965.41

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014
Mailing Address 815 SLATERS LANE		Amount 237287.88
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042687 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate NICK J RAHALL II		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		1637177.65

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539859.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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10 / 07 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 07 / 2014</div> </div>	
Mailing Address PO BOX 16504		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23665.00</div>	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042889 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 07 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/ Type		
Name of Federal Candidate NICK J RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1637177.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">23665.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">7897953.46</div>

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10 / 07 / 2014

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